

—Complete and sen	d this form, togeth	er with applicable	fee(s), to: Mail M	ail Stop ISSUE	FEE		
- 00p.0.0 2a		Co P.	Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450				
•			or <u>Fax</u> (5	71)-273-2885	ma 22313-1.	430	
INSTRUCTIONS: This appropriate. All further cindicated unless corrected maintenance fee notification.	form should be used for correspondence including d below or directed oth cons.	or transmitting the ISSU g the Patent, advance of crwise in Block 1, by (a					
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings Fee(s) Transmital. This certificate cannot be used for any other accompa papers. Each additional paper, such as an assignment or formal drawing, have its own certificate of mailing or transmission.			
DR. MARK M. FRIEDMAN C/O BILL POLKINGHORN - DISCOVERY DISPATCH 9003 FLORIN WAY				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Ustates Postal Service with sufficient postage for first class mail in an enddressed to the Mail Stop ISSUE FEE address above, or being factransmitted to the USPTO (571) 273-2885, on the date indicated below.			
UPPER MARILB	ORO, MD 20772						(Depositor)
							(Si <sub>t</sub>
			L				
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	ATTORNEY DOCKET N		OCKET NO.	CONFIRMATION N
TITLE OF INVENTION:	SYSTEM AND METH	OD FOR HEATING BIO	OLOGICAL TISSUE VIA	A RF ENERGY			
APPLN. TYPE	Small entity	issue fee due	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL	. FEE(S) DUE	DATEDUE
nonprovisional	YES	\$755	\$0	\$755		\$755	01/21/2010
EXAMI	NER	ART UNIT	CLASS-SUBCLASS				
HELLING, KAITLYN ELIZABETH 3739			607-101000		****		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or t	ype)			*** ** ** ** ** ** ** ** ** ** ** ** **
3. ASSIGNEE NAME AN	ee an accionne is identi	fied below, no assignee	data will appear on the	patent. If an assign	e is identified	below, the do	ocument has been fi
3. ASSIGNEE NAME AN PLEASE NOTE: Unk recordation as set forth (A) NAME OF ASSIG		letion of this form is NO	T a substitute for filing at (B) RESIDENCE: (CIT				
PLEASE NOTE: Unic recordation as set forth (A) NAME OP ASSIG				Y and STATE OR C	OUNTRY)		
PLEASE NOTE: Unic recordation as set forth (A) NAME OP ASSIG	inee SERS LTD		(B) RESIDENCE: (CIT	Y and STATE OR C	OUNTRY) AEL		
PLEASE NOTE: Unix recordation as set forth  (A) NAME OF ASSIGNATION ASSIGNATIO	SERS LTD  ate assignee category or  are submitted:  o small entity discount p	categories (will not be p 4 ermitted)	(B) RESIDENCE: (CIT  CAESARE  rinted on the patent):  b. Payment of Fee(s): (Plu  A check is enclosed.  Payment by credit of  The Director is here!	Y and STATE OR C  A   SR  Individual 2 Co  case first reapply are  ard. Form PTO-2038 by authorized to char	OUNTRY)  AEL  reporation or oth  ry previously properties attached.  gethe required	er private gro aid issue fee s fee(s), any del	up entity Gover shown above)
PLEASE NOTE: Unk recordation as set forth (A) NAME OF ASSIGNATION (A) NAME OF ASSIGNATION (A) NAME OF ASSIGNATION (A) Please check the appropriate of the control of the co	SERS LTD  ate assignee category or  are submitted:  o small entity discount p  of Copies  as (from status indicated)  SMALL ENTITY statu	categories (will not be page of the complete o	(B) RESIDENCE: (CIT  CAESARE  rinted on the patent):  b. Payment of Fee(s): (Plumon of Payment by credit of Payment by credit of Payment, to Depute the Depute overpayment, to Depute Db. Applicant is no lo	Y and STATE OR C  A   SR  Individual	OUNTRY)  AEL  reporation or oth  ry previously properties attached.  ge the required of the re	er private gro aid issue fee s fee(s), any det(enclose ar	up entity Gover shown above) ficiency, or credit an extra copy of this for
PLEASE NOTE: Unk recordation as set forth (A) NAME OF ASSIGNATION (A) Please check the appropriate to the following fee(s) a lissue Fee Publication Fee (No Advance Order - #	SERS LTD  ate assignee category or  are submitted:  o small entity discount p  of Copies  as (from status indicated)  SMALL ENTITY statu	categories (will not be page of the complete o	(B) RESIDENCE: (CIT  CAESARE  rinted on the patent):  b. Payment of Fee(s): (Plumon of Payment by credit of Payment by credit of Payment, to Depute the Depute overpayment, to Depute Db. Applicant is no lo	Y and STATE OR C  A   SR  Individual	OUNTRY)  AEL  reporation or oth  ry previously properties attached.  ge the required of the re	er private gro aid issue fee s fee(s), any det(enclose ar	up entity Gover shown above) ficiency, or credit an extra copy of this for
PLEASE NOTE: Unk recordation as set forth (A) NAME OF ASSIGNATION (A) NAME OF ASSIGNATION (A) NAME OF ASSIGNATION (A) Please check the appropriate of the control of the co	are assignee category or are submitted:  o small entity discount prof Copies  us (from status indicated as SMALL ENTITY status of Publication Fee (if requescords of the United States)	categories (will not be page of the complete o	(B) RESIDENCE: (CIT  CAESARE  rinted on the patent):  b. Payment of Fee(s): (Plumon of Payment by credit of Payment by credit of Payment, to Depute the Depute overpayment, to Depute Db. Applicant is no lo	Y and STATE OR C  A   SR  Individual	ountry)  AEL  reporation or oth  ry previously pr  is attached,  ge the required of the requir	er private gro aid issue fee s fee(s), any def(enclose ar tus. See 37 CF or agent; or th	up entity Gover shown above) ficiency, or credit an extra copy of this for
PLEASE NOTE: Unk recordation as set forth (A) NAME OF ASSIGNATION (A) NAME OF ASSIGNATION (A) NAME OF ASSIGNATION (A) NAME OF ASSIGNATION (A) Please check the appropriate of the following fee(s) and last of the fee(s) and last of the following fee(s) and last of the following fee(s) and last of the fee	ate assignee category or are submitted: o small entity discount prof Copies us (from status indicated SMALL ENTITY status) I Publication Fee (if requenced of the United Status)	categories (will not be p  dermitted)  above) s. See 37 CFR 1.27.  iired) will not be accepte es Patent and Trademark  FRIED MAN	(B) RESIDENCE: (CIT CAESARE inted on the patent):  b. Payment of Fee(s): (Ple Payment by credit of Payment by credit of The Director is here overpayment, to Dep D b. Applicant is no load from anyone other than coffice.	Y and STATE OR C  A   SR  Individual	ountry)  AEL  reporation or oth  ry previously previous	fee(s), any def (enclose ar tus. See 37 CF or agent; or th	up entity Gover shown above) ficiency, or credit an extra copy of this for FR 1.27(g)(2). e assignce or other p

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

10/23/2009 SSANDAR1 00000005 062140 10562135 01 FC:2501 755.00 DA

Adjustment date: 10/23/2009 SSANDAR1 06/22/2009 INTEFSU 00005624 062140 01 FC:2501 755.00 CR 10562135